

**FIRST JUDICIAL DISTRICT
DAKOTA COUNTY
PROBATE/MENTAL HEALTH DIVISION**

GUARDIANSHIP/CONSERVATORSHIP ATTORNEY APPLICATION FORM

Attorney Name:

Name of Law Firm:

Office Address:

Office Phone Number:

Office Fax Number:

Attorney ID Number:

- 1. Malpractice Insurance Carrier:**

Policy Number:

Limits:

- 2. Do you currently have 5 years-experience as a practicing attorney? Yes or No**

List the dates of your legal practice in Minnesota: _____ to _____

- 3. Do you currently have 1 year experience with Guardianship/Conservatorship cases? Yes or No**

If yes, please describe your experience (e.g. trial, motion, contested cases, other types of evidentiary proceedings):

- 4. Have you ever been a Guardianship/Conservatorship Court Appointed Attorney before?**

Yes or No

- 5. Explain briefly your interest and experience in the areas of guardianships, conservatorships, proposed wards and protected person's rights:**

- 6. Do you have knowledge of Minnesota Statute Chapter 524 and case law in this area and court procedures in Dakota County? Yes or No**

If yes, how familiar are you with them?

- 7. Are you willing to make yourself available for last minute, emergency guardianships and/or conservatorships? Yes or No**

8. Please list the seminars you have attended relative to this area of law, including dates:
9. It may be necessary for you to interview people outside of your office. Therefore, please answer the following:
- a. Are you a licensed driver in the State of Minnesota? Yes or No
 - b. Would you be using your own car? Yes or No

If yes, do you have liability and collision insurance for such vehicle? Yes or No

10. Are there any situations that would create a conflict of interest for you? (Examples that could create a conflict of interest in certain appointments: You represent a professional conservator; due to a prior commitment, you are not routinely available on a specific day of the week; you have a connection to a specific care facility.) Yes or No

If yes, please explain:

11. Dakota County is an eFiling County. Are you able to comply with eFiling requirements? Yes or No

12. Are you currently under suspension or probation by the Minnesota Supreme Court? Yes or No

If yes, please explain:

13. Have you ever been under suspension or probation by the Minnesota Supreme Court? Yes or No

If yes, please explain:

I authorize the Office of Lawyer's Professional Responsibility to disclose my public and private history to the Dakota County Court Administrator's Office. (NOTE: Each applicant must also complete the separate Authorization Form for the Lawyer's Professional Responsibility Board as the application is maintained by the Court).

Signature

Date

Please mail completed application and authorization form with an attached resume to:

Heidi Carstensen, Court Administrative Manager
Court Administration
1560 West Hwy 55
Hastings MN 55033

Applications must be received by Friday July 12, 2013 @ 4:30 p.m.

**FIRST JUDICIAL DISTRICT
DAKOTA COUNTY DISTRICT COURT
PROBATE/MENTAL HEALTH DIVISION**

GUARDIANSHIP/CONSERVATORSHIP ATTORNEY AUTHORIZATION FORM

ATTORNEY NAME:

NAME OF LAW FIRM:

OFFICE ADDRESS:

OFFICE PHONE NUMBER:

ATTORNEY ID NUMBER:

I am presently not under suspension or probation by the Minnesota Supreme Court and I understand that I will be suspended from service in Dakota County for cause upon a finding by the First Judicial District Chief Judge. I authorize the Dakota County Court Administrator's Office to verify my disciplinary status with the appropriate boards and I authorize the Office of Lawyer's Professional Responsibility to disclose my public and private history to the Dakota County Court Administrator's Office.

Signature

Date